Classification

#34

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.) Annual Workload and Accomplishments Report	2. TYPE OF REPORT		STATISTICAL
		X	NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA	X	PERSONNEL		TRAINING	ADMIN. GENERAL
		LOGISTICS		SECURITY	OTHER (specify)
		MEDICAL		FINANCE	

4. NO. OF COPIES PREPARED 6	5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually	6. DISTRIBUTION (No. of components not number of copies) 1

7. FORMAT (memorandum, form computer print-out, etc) Report	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT Office of Personnel
		YES	IF YES GIVE ADP PROCESSING NO.	
	X	NO		

10. PREPARING COMPONENT (include lowest level contributing information to report) OP/MMPD/OC	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-05 to GS-15	$5.00		8		$40.00		1		$40.00

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Required to support budget.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
X RETAIN AS IS CHANGE DISCONTINUE	OTHER (explain)	MAN-HOURS	DOLLARS

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16. DATE OF INVENTORY 9/21/70	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION

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Classification

FORM 142
9-70

(22-36-43)